

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CRAFT TEXTILE

27220136-outlets 1 & 2

1. MONTH OF FEBRUARY 1, 2009 THRU FEBRUARY 28, 2009
2. Is Outlet # (8 digit) Correct? ☒ Y ☐ N ☐ N/A
3. Is average Total flow-gal.day stated in space provided? ☒ Y ☐ N ☐ N/A
4. Is max. Total flow-gal day stated in space provided? ☒ Y ☐ N ☐ N/A
5. Is method used to calculate water stated? ☒ Y ☐ N ☐ N/A
6. Are number of working days stated? ☒ Y ☐ N ☐ N/A
7. Are there any parameters which have exceeded PVSC Local Limits? ☐ Y ☒ N ☐ N/A
8. Is proper compliance/non-compliance statement provided? ☒ Y ☐ N ☐ N/A
9. Have correct number of samples been submitted? ☒ Y ☐ N ☐ N/A
10. Has PHC result been listed on MR-1 report? ☐ Y ☐ N ☒ N/A
11. Has sample number been reported in space provided? ☒ Y ☐ N ☐ N/A
12. Have all regulated parameters been listed on MR-1? ☒ Y ☐ N ☐ N/A
13. Has sample type been stated on MR-1? ☒ Y ☐ N ☐ N/A
14. Have all samples been taken during this reporting period? ☒ Y ☐ N ☐ N/A
15. Has NJDEPE certified lab been used? ☒ Y ☐ N ☐ N/A
16. Have analytical results been submitted on copies of Laboratory stationery? ☒ Y ☐ N ☐ N/A
17. Have results been written in space designated on MR-1? ☒ Y ☐ N ☐ N/A
18. Is correct method used to preserve samples stated on MR-1? ☒ Y ☐ N ☐ N/A
19. Has MR-1 been signed by authorized representative? ☒ Y ☐ N ☐ N/A
20. Has information been submitted on proper MR-1 form? ☒ Y ☐ N ☐ N/A
21. Remove Arsenic from report if sampling not required ☐ Y ☐ N ☒ N/A

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Craft Textile

27220136

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 4/2/09 Date sent to user _____Date due back _____ Reviewer C-J.MSecond review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 1
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-1 Old Outlet Designation: 27400061



MONITORING PERIOD

START	END
2/1/2009	2/28/2009
m/d/yr	m/d/yr

Regulated Flow(gal/day)
 Total Flow (gal/day)

Average Maximum
 N/A

71370 78507

Method Used:

Gallons in less 5% evap. divided by
 production days in month (11)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0179		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.0101		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
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	Sample Measurement					
	Permit Requirement					

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Certification of Non-Use if applicable (use additional sheets)

N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU > Local Limits: N/A
< Threshold Values ZN , CU > Threshold Values: N/A
Craft Textile Printing Co., Inc., is in compliance with local limits.

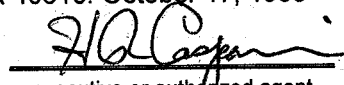
Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal


executive or authorized agent

H.R. Casparian-President

Name-Title

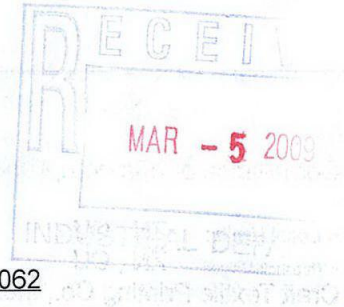
2/28/2009

Date

PVSC Form MR-1 Rev: 5 3/91 P2

PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 2
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-2 Old Outlet Designation: 27400062



MONITORING PERIOD

START	END
<u>2/1/2009</u>	<u>2/28/2009</u>
m/d/yr	m/d/yr

Regulated Flow(gal/day) Average Maximum
 Total Flow (gal/day) N/A
17777 19555

Method Used:

Gallons in less 5% evap. divided by
production days in month (11)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0778		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.0276		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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Certification of Non-Use if applicable (use additional sheets)
N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU > Local Limits: N/A
< Threshold Values ZN , CU > Threshold Values: N/A
Craft Textile Printing Co., Inc., is in compliance with local limits.

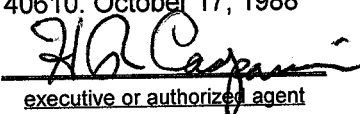
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403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal


executive or authorized agent

H.R. Casparian-President

Name-Title

2/28/2009

Date

PVSC Form MR-1 Rev: 5 3/91 P2



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client: Craft Textile Printing

Date Collected: 2/9/2009

Project: Permit Renewal

Date Received: 2/9/2009

Client Sample ID: OUTLET-1

SDG No.: A1424

Lab Sample ID: A1424-01

Matrix: WATER

% Solids: 0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	10.1		ug/L	2.400	1	2/10/2009	2/11/2009	EPA 200.7 ICP 4
7440-66-6	Zinc	17.9	J	ug/L	4.800	1	2/10/2009	2/11/2009	EPA 200.7 ICP 4

Comments:

U = Not Detected
DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value
B = Analyte Found In Associated Method Blank
N = Spiked sample recovery not within control limits

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284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client:	Craft Textile Printing	Date Collected:	2/9/2009
Project:	Permit Renewal	Date Received:	2/9/2009
Client Sample ID:	OUTLET-2	SDG No.:	A1424
Lab Sample ID:	A1424-02	Matrix:	WATER
		% Solids:	0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	27.6		ug/L	2.400	1	2/10/2009	2/11/2009	EPA 200.7 ICP 4
7440-66-6	Zinc	77.8		ug/L	4.800	1	2/10/2009	2/11/2009	EPA 200.7 ICP 4

Comments:

U = Not Detected
DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value
B = Analyte Found In Associated Method Blank
N = Spiked sample recovery not within control limits 7

CHEMTECH

CHAIN OF CUSTODY RECORD

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax (908) 789-8922
www.chemtech.net

CHEMTECH PROJECT NO. **A1424**
QUOTE NO.
COC Number **077459**

CLIENT INFORMATION			CLIENT PROJECT INFORMATION			CLIENT BILLING INFORMATION												
REPORT TO BE SENT TO:			PROJECT NAME:			BILL TO:												
COMPANY: CRAFT TEXTILE PRINTING CO., INC.			PROJECT NO.:			PO#:												
ADDRESS: P.O. Box 2761			LOCATION:			ADDRESS:												
CITY: PATENSON STATE: NJ ZIP: 07509-2761			PROJECT MANAGER:			CITY:												
ATTENTION: H.R. CASPARIAN			e-mail:			STATE:												
PHONE: 973-278-3818 FAX: 973-523-8677			PHONE:			ZIP:												
DATA TURNAROUND INFORMATION			DATA DELIVERABLE INFORMATION			ANALYSIS												
FAX: _____ DAYS*			<input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP <input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B" <input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A" <input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other _____ <input type="checkbox"/> EDD FORMAT _____			1 2 3 4 5 6 7 8 9 <i>ISS + Pb D</i> <i>Metals - Zn + Cu</i>												
HARD COPY: _____ DAYS*																		
EDD: _____ DAYS*																		
PREAPPROVED TAT: <input type="checkbox"/> YES <input type="checkbox"/> NO																		
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS																		
CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS — Specify Preservatives A-HCl B-HNO ₃ C-H ₂ SO ₄ D-NaOH E-ICE F-Other	
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9		
1.	Outlet #1		X		2/9/09	9:30 AM	2		X	X								
2.	Outlet #2		X		2/9/09	9:30 AM	2		X	X								
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY																		
RELINQUISHED BY SAMPLER:		DATE/TIME: 2/9/09 12:30		RECEIVED BY:		1. <i>[Signature]</i>		Conditions of bottles or coolers at receipt: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant		Cooler Temp. 4°C								
1. <i>[Signature]</i>		DATE/TIME: 2/9/09 12:30		RECEIVED BY:		2. <i>[Signature]</i>		MeOH extraction requires an additional 4 oz jar for percent solid.		Ice in Cooler?: YES								
RELINQUISHED BY:		DATE/TIME:		RECEIVED BY:		3. <i>[Signature]</i>		Comments:										
2. <i>[Signature]</i>		DATE/TIME:		RECEIVED BY:		3. <i>[Signature]</i>												
RELINQUISHED BY:		DATE/TIME: 2/9/09 1:30		RECEIVED FOR LAB BY:		3. <i>[Signature]</i>		Page 1 of 1		SHIPPED VIA: CLIENT: <input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> OVERNIGHT		Shipment Complete: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
3. <i>[Signature]</i>		DATE/TIME: 2/9/09 1:30		RECEIVED FOR LAB BY:		3. <i>[Signature]</i>				CHEMTECH <input checked="" type="checkbox"/> PICKED UP <input type="checkbox"/> OVERNIGHT								

Revision 8/2007

WHITE - CHEMTECH COPY FOR RETURN TO CLIENT YELLOW - CHEMTECH COPY PINK - SAMPLER COPY

7 ROP Down Box

NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NAME: CRAFT TEXTILE

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____

PERMIT #: _____

OUTLET #: 27220136-2

CONTACT OFFICIAL: _____

TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____ Lead _____ Zinc _____

Cadmium _____ Mercury _____

Chromium _____ Molybdenum _____

Copper ☒ Nickel _____

SAMPLE DATE

MONTH	DAY	YEAR
2	09	09

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
COPPER	Sample Measurement	0.0276	n	mg/l 1	Comp.
	Threshold Value	0.092			
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

PVSC Form MR-3 10/96